

**SAFE DRINKING WATER STATE REVOLVING FUND  
LOAN PRE-APPLICATION**

For the placement of a water system on the Priority List  
See instructions on back of sheet.

**FOR DHS USE ONLY**

Project No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Category: \_\_\_\_

Rater: \_\_\_\_\_ Date Received: \_\_\_\_\_

Official Water

System Name: \_\_\_\_\_ System ID No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Population Served: \_\_\_\_\_ Est. MHI \_\_\_\_\_ County (where physically located): \_\_\_\_\_

- State Revolving Fund loans are intended to be used to fund improvements to community water systems, both public and private, and nonprofit noncommunity water systems. **Federally owned systems or for-profit noncommunity water systems are ineligible for SDWSRF assistance.**
- Check the box which best describes the ownership of your water system:  
☐ Community (*Publicly owned*)      ☐ Community (*Private Ownership*)      ☐ Non-community Non-profit
- Identify your system's problem(s). (Attach documentation if available; refer to instructions.)  
 \_\_\_\_\_  
 \_\_\_\_\_
- Describe your project to correct the problem(s) noted above. \_\_\_\_\_  
 \_\_\_\_\_
- Project involves:  
☐ Refinance of projects started after 7/1/93 (Public WS only)      ☐ Study to determine cause of problem      ☐ Design to solve problem      ☐ Construction      ☐ Other
- Estimated amount of SRF funding requested \$ \_\_\_\_\_ Total other funding required: \$ \_\_\_\_\_
- Will this project involve a consolidation with another water system?      ☐ Yes      ☐ No  
☐ Physical consolidation      ☐ Managerial/ Financial
- Desired fiscal year (FY) of project initiation :      ☐ 99/00      ☐ 00/01      ☐ 01/02      ☐ 02/03

**Please type or print legibly. All correspondence regarding this pre-application will be sent to the individual named below. You will receive a written acknowledgement of the receipt of the pre-application.**

Signature of Representative \_\_\_\_\_

Printed Name of Representative \_\_\_\_\_

Name of Company or Water System \_\_\_\_\_

Mailing Address: (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

Phone Number: (area code) \_\_\_\_\_

FAX Number: (area code) \_\_\_\_\_

Date \_\_\_\_\_

**SEND TO:****OR FAX TO:**